10/26/2010 16:56

Image# 10991795228

## **STATEMENT OF**

| FORM 1   | ORGANIZATION (See instructions)   | Office use only     |
|--|---|---------------------|
| 1. NAME OF COMMITTEE (in   | (Check if name Example: If typying, type over the lines   | 12FE4M5             |
| MIKE PENCE   | COMMITTEE   |                     |
| ADDRESS (number and  | P. O. Box 408   |                     |
| (Check if address is changed)  | Anderson  | IN 46015 _          |
|  | CITY▲   | STATE▲ ZIP CODE ▲   |
| COMMITTEE'S E-MAI<br>(Check if address<br>is changed)                              | L ADDRESS (Please provide only one e-mail address)  ieanneluttrull@mikepence.com  |                     |
| COMMITTEE'S WEB  | PAGE ADDRESS (URL)  www.MikePence.com   |                     |
| (Check if address is changed)  |   |                     |
| <ol> <li>DATE M N N 1.0</li> <li>FEC IDENTIFICA</li> <li>IS THIS STATEM</li> </ol> | 2 5 2 0 1 0  TION NUMBER C C00350397  |                     |
| I certify that I have exami  | ned this Statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and to the best of my knowledge and belief it is true, correct and statement and | d complete          |
| Signature of Treasurer   | Electronically Filed by William R. Neale  | Date 10 / 26 / 2010 |
| NOTE: Submission of fal  | se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V   | ,                   |
| Office<br>Use<br>Only  | For further information of Federal Election Commiss Toll Free 800-424-9530  |                     |

|    | FEC                         | Form 1 (Revised 02/2009)  | Page 2                                  |
|----|-----------------------------|---|---|
| 5. | TYPE OF C                   | OMMITTEE (Check One) Committee:   |   |
|    | (a) X                       | This committee is a principal campaign committee. (Complete the candidate information below.)   |   |
|    | (b)                         | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)   | ne candidate                            |
|    | Name of<br>Candidate        | MIKE PENCE  |   |
|    | Candidate<br>Party Affiliat | ion REP Office X House Senate President   | State IN District 06                    |
|    | (c)                         | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |
|    | Name of<br>Candidate        |   |   |
|    | Party Com                   |   |   |
|    | (d)                         | (National, State  This committee is a (or subordinate) committee of the   | (Democratic,<br>Republican,etc.) Party. |
|    | Political Ac                | tion Committee (PAC):   |   |
|    | (e)                         | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte   | d organization is a:                    |
|    |                             | Corporation Corporation w/o Capital Stock Lal   | bor Organization                        |
|    |                             | Membership Organization Trade Association Co  | poperative                              |
|    |                             | In addition, this committee is a Lobbyist/Registrant PAC.   |   |
|    | (f)                         | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)   | d fund or party                         |
|    |                             | In addition, this committee is a Lobbyist/Registrant PAC.   |   |
|    |                             | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |   |
|    | loint Eundr                 | aising Representative:  |   |
|    |                             |   |   |
|    | (g)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political                          |
|    | (h)                         | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.         | r more political                        |
|    | Con                         | nmittees Participating in Joint Fundraiser  |   |
|    |                             | 1. FEC ID number  |   |
|    |                             | 2. FEC ID number  |   |
|    |                             | 3. FEC ID number  |   |
|    |                             | EEC ID number C   |   |

| FEC Form 1 (Revis            | ed 02/2009)   |   | Page 3                   |
|------------------------------|---|---|--------------------------|
| Write or Type Committee Na   |   |   |                          |
| MIKE PENCE COMM              | IITTEE  |   |                          |
| Name of Any Connected        | l Organization, Affiliated Committee                          | e, Joint Fundraising Representative, o                | r Leadership PAC Sponsor |
| MIKE PENCE VICTO             | RY 2010   |   |                          |
| <u> </u>                     |   | <u> </u>  |                          |
| Mailing Address              | 228 S WASHII  | NGTON STREET SUITE 115                                |                          |
|                              |   |   |                          |
|                              | ALEXANDRIA  | <b></b>   | 22314   _ [              |
|                              | CITY  | STATE   | ZIP CODE 🛦               |
| Relationship:                |   |   |                          |
| Connected Organiza           | tion Affiliated Committee                                     | X Joint Fundraising Representativ                     | e Leadership PAC Sponsor |
| Mailing Address              | PO Box 408  |   |                          |
|                              | Anderson  |   | 46015                    |
| Title or Position ♥          | CITY  | A STATE   | A ZIP CODE A             |
| Assist                       | ant Treasurer   | Telephone number                                      | 765 - 643 - 9503         |
| name and address of          | me and address (phone number any designated agent (e.g., assi | optional) of the treasurer of the distant treasurer). | committee; and the       |
| Mailing Address              | One Indiana S   | Square  |                          |
|                              | Suite 2800  |   |                          |
|                              |   |   |                          |
|                              | Indianapolis  |   | 46204                    |
| Title or Position ♥          | Indianapolis  |   |                          |
| Title or Position ♥<br>Treas | СІТУ  | A STATE   |                          |

| FEC Form 1 (Revi                            | sed 02/2009)                     |                      | Page <b>4</b> |
|---|----------------------------------|----------------------|---------------|
| Full Name of<br>Designated<br>Agent         | Jeanne Luttrull                  |                      |               |
| Mailing Address                             | PO Box 408                       |                      |               |
|   | Anderson                         |                      | 46015         |
| Title or Position ▼                         | CITY A                           | STATE A              | ZIP CODE A    |
| Assist                                      | ant Treasurer                    | Telephone number 765 | 643 9503      |
| Name of Bank, Deposito  Si  Mailing Address | tar Financial Bank PO Box 151600 |                      |               |
|   |                                  |                      |               |
|   | Anderson CITY A                  | IN STATE △           | ZIP CODE _    |
| Name of Bank, Deposito                      | ry, etc.                         |                      |               |
| M   | arkle Bank                       |                      |               |
| Mailing Address                             | PO Box 595                       |                      |               |
|   | Markle                           | IN                   | 46770         |
|   | CITY 🙇                           | STATE <b>△</b>       | ZIP CODE 🛕    |

| s funds.  n Community Bank 33 West 10th Street         |                        | [ ADDITIONAL ]  |
|--|------------------------|---|
|  |                        |   |
| 33 West 10th Street                                    |                        |   |
|  |                        |   |
|  |                        |   |
| Anderson   | IN _                   | 46016   |
| CITY 🛕   | STATE <b>⊿</b>         | ZIP CODE 🛕  |
| nization, Affiliated Committee, Joint Fundraising Repr | esentative, or Leade   | [ ADDITIONAL ership PAC Sponsor   |
|  |                        |   |
|  |                        |   |
|  |                        |   |
|  |                        |   |
|  | ا ليا ا                |   |
| CITY   | STATE <b>≜</b>         | ZIP CODE  |
| Affiliated Committee Joint Fundraising Repr            | esentative Le          | adership PAC Sponsor  |
|  |                        | [ ADDITIONAL ]  |
|  |                        |   |
|  |                        |   |
|  |                        |   |
|  |                        |   |
| CITY A   | STATE <b>∆</b>         | ZIP CODE A  |
| Telephor   | ne number              |   |
|  |                        | [ ADDITIONAL ]  |
|  |                        |   |
|  | CITY A  CITY A  CITY A | city Affiliated Committee  STATE A  Affiliated Committee  Joint Fundraising Representative, or Leader  Leader |

| Banks or Other Depositories:<br>safety deposit boxes or maintair |  | ee deposits funds, ho | olds accounts, rents |
|--|--|-----------------------|----------------------|
| Name of Bank, Depository, etc.                                   | is fulled.   |                       | [ ADDITIONAL ]       |
| First M  | erchants Bank  |                       |                      |
|  | 33 West 10th St.   |                       |                      |
| Mailing Address  |  |                       |                      |
|  |  |                       |                      |
|  | Anderson   | IN                    | 46016                |
|  | CITY 🛕   | STATE <b>⊿</b>        | ZIP CODE 🛕           |
| Name of Any Connected Organic                                    | anization, Affiliated Committee, Joint Fundraising Repre | esentative or Lead    | [ ADDITIONAL ]       |
|  | anization, Anniated Committee, Commit undicasting repre  |                       | ersinp i Ao oponsoi  |
| 1  |  |                       |                      |
|  |  |                       |                      |
| Mailing Address  |  |                       |                      |
|  |  |                       |                      |
|  |  | ا ليا ا               |                      |
| Relationship:  | CITY▲  | STATE A               | ZIP CODE             |
| Connected Organization   | Affiliated Committee Joint Fundraising Repre             | esentative Le         | adership PAC Sponsor |
| Designated Agent   |  |                       | [ ADDITIONAL ]       |
| Full Name  |  |                       |                      |
| Mailing Address  |  |                       |                      |
| Maining / Idai 000   |  |                       |                      |
|  |  |                       |                      |
|  |  |                       |                      |
| Title or Position ▼  | CITY A   | STATE <b></b> ▲       | ZIP CODE A           |
|  | Telephor   | ne number             |                      |
| Joint Fundraiser Participant                                     |  |                       | [ ADDITIONAL ]       |
|  | 1  |                       | -                    |
|  |  | C ID number C         |                      |

| Name of Bank, Depository, etc.                    | ns funds.   |                     | [ ADDITIONAL ]       |
|---|---|---------------------|----------------------|
|   | tional Bank   |                     | -                    |
|   |   |                     |                      |
| Mailing Address                                   | 1501 Broadway St.   |                     |                      |
|   |   | 1 1 1 1 1           |                      |
|   | Anderson  | IN                  | 46012                |
|   | CITY 🛕  | STATE <b>⊿</b>      | ZIP CODE 🛕           |
| Name of Any Connected Orga                        | anization, Affiliated Committee, Joint Fundraising Repres | sentative, or Leade | [ ADDITIONAL ]       |
|   |   |                     |                      |
|   |   |                     |                      |
| Mailing Address                                   |   |                     |                      |
|   |   |                     |                      |
|   |   | ا ليا               |                      |
| elationship:                                      | CITY▲   | STATE A             | ZIP CODE             |
| Connected Organization                            | Affiliated Committee Joint Fundraising Repres             | sentative Lea       | adership PAC Sponsor |
| Designated Agent                                  |   |                     | [ ADDITIONAL ]       |
| Full Name   |   |                     |                      |
| Mailing Address                                   |   |                     |                      |
|   |   |                     |                      |
|   |   |                     |                      |
|   |   |                     |                      |
| Title or Position ♥                               | CITY A  | <br>State₄          | ZIP CODE A           |
| Title or Position ♥                               | CITY A  Telephone   |                     | ZIP CODE &           |
| Title or Position ▼  Joint Fundraiser Participant |   |                     | ZIP CODE 4           |

| Banks or Other Depositories:<br>safety deposit boxes or maintain: | List all banks or other depositories in which the commit s funds | tee deposits funds, hold | ds accounts, rents              |
|---|--|--------------------------|---------------------------------|
| Name of Bank, Depository, etc.                                    | o rando.   |                          | [ ADDITIONAL ]                  |
| Ameria  | na Bank  |                          |                                 |
|   | 2118 Bundy Ave.  |                          |                                 |
| Mailing Address   | 2110 Bullay Ave.   |                          |                                 |
|   |  |                          |                                 |
|   | New Castle   | IN                       | 47362                           |
|   | CITY 🛕   | STATE <b>⊿</b>           | ZIP CODE 🛕                      |
| Name of Any Connected Orga  | nization, Affiliated Committee, Joint Fundraising Repr           | resentative, or Leader   | [ ADDITIONAL ] ship PAC Sponsor |
|   |  |                          |                                 |
|   |  |                          |                                 |
| Mailing Address   |  |                          |                                 |
|   |  |                          |                                 |
|   |  | ا ليا ل                  |                                 |
| Relationship:   | CITY   | STATE A                  | ZIP CODE                        |
| Connected Organization  | Affiliated Committee Joint Fundraising Rep                       | resentative Lea          | dership PAC Sponsor             |
| Designated Agent  |  |                          | [ ADDITIONAL ]                  |
| Full Name   |  |                          |                                 |
| Mailing Address   |  |                          |                                 |
| -   |  |                          |                                 |
|   |  |                          | _                               |
| Title or Position ▼   | CITY A   | STATE <b>&amp;</b>       | ZIP CODE A                      |
|   | Telepho  | ne number                |                                 |
| Joint Fundraiser Participant                                      |  |                          | [ ADDITIONAL ]                  |
| [   | FE   | C ID number              |                                 |

| Banks or Other Depositories<br>safety deposit boxes or maintai |  | ttee deposits funds, ho | lds accounts, rents             |
|--|--|-------------------------|---------------------------------|
| Name of Bank, Depository, etc.                                 |  |                         | [ ADDITIONAL ]                  |
| Nation   | al Bank of Indianapolis                                |                         |                                 |
| Mailing Address  | 107 N. Pennsylvania St.                                |                         |                                 |
|  | L  |                         |                                 |
|  | Indianapolis   | IN                      | 46204                           |
|  | CITY 🗖   | STATE <b>⊿</b>          | ZIP CODE 🛕                      |
| Name of Any Connected Org                                      | anization, Affiliated Committee, Joint Fundraising Rep | resentative, or Leade   | [ ADDITIONAL ership PAC Sponsor |
|  |  |                         |                                 |
|  |  |                         |                                 |
| Mailing Address  |  |                         |                                 |
|  |  |                         |                                 |
|  |  | ا ليا ل                 |                                 |
| elationship:   | CITY▲  | STATE A                 | ZIP CODE                        |
| Connected Organization   | Affiliated Committee Joint Fundraising Rep             | presentative Le         | adership PAC Sponsor            |
| Designated Agent   |  |                         | [ ADDITIONAL ]                  |
| Full Name  |  |                         |                                 |
| Mailing Address  |  |                         |                                 |
|  |  |                         |                                 |
|  |  |                         |                                 |
|  | CITY A   | STATE.▲                 | ZIP CODE A                      |
| Title or Position ▼  |  |                         |                                 |
| Title or Position ▼  | Telepho  | one number              |                                 |
| Title or Position ▼  Joint Fundraiser Participant              | Telepho  | one number              | <br>[ ADDITIONAL ]              |

| safety deposit boxes or maintain<br>Name of Bank, Depository, etc. | is iurius.  |                    | [ ADDITIONAL ]                       |
|--|---|--------------------|--------------------------------------|
| BB&T   |   |                    | []                                   |
|  |   |                    |                                      |
| Mailing Address  | 1909 K St., NW  |                    |                                      |
|  |   |                    |                                      |
|  | Washington  | DC                 | 20006                                |
|  | CITY 🛕  | STATE. <b>△</b>    | ZIP CODE 🛕                           |
| Name of Any Connected Org  | anization, Affiliated Committee, Joint Fundraising Repres | entative, or Leade | [ ADDITIONAL ]<br>ership PAC Sponsor |
|  |   |                    |                                      |
|  |   |                    |                                      |
| Mailing Address  |   |                    |                                      |
|  |   |                    |                                      |
|  |   | ا ليا              |                                      |
| elationship:   | CITY▲   | STATE A            | ZIP CODE                             |
| Connected Organization   | Affiliated Committee Joint Fundraising Repres             | entative Le        | adership PAC Sponsor                 |
| Designated Agent   |   |                    | [ ADDITIONAL ]                       |
| Full Name  |   |                    |                                      |
| Mailing Address  |   |                    |                                      |
|  |   |                    |                                      |
|  |   |                    |                                      |
|  |   |                    |                                      |
| Title or Position ♥  | CITY A  | <br>State₄         |                                      |
| Title or Position ♥  | CITY A  Telephone   |                    | ZIP CODE &                           |
| Title or Position ▼  Joint Fundraiser Participant                  |   |                    | ZIP CODE 4                           |